

Student Name: ISAIAH HERRERA

Unit: 2<sup>nd</sup> Floor

Pt. Initials: \_\_\_\_\_

Date: 06/01/21

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: Co2 NKDA 20 AMOXICILLIN

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?	IVPB – List concentration and rate of administration		
02 DOCUSATE SODIUM (COLACE LIQUID)	LAXATIVE	STOOL SOFTENER	100mg/10ML PO Q12H			<ul style="list-style-type: none"> <li>ABDOMINAL DECOMFORT</li> <li>DIARRHEA</li> <li>INTESTINAL OBSTRUCTION</li> <li>THROAT IRRITATION</li> </ul>	<ol style="list-style-type: none"> <li>ELECTROLYTE IMBALANCE</li> <li>EXCESSIVE USE MAY RESULT IN DEPENDENCE</li> <li>IF SUDDEN CHANGES IN BOWEL HABITS OCCUR, AND PAINS OVER IN GUT CONTACT</li> <li>SHOULD DISCONTINUE AND NOTIFY HCP IF BLEEDING OCCURS</li> </ol>
METOPROLOL (TOPROL-XL)	BETA-ADRENERGIC BLOCKING AGENT	HYPERTENSION (PR)	25mg PO DAILY			<ul style="list-style-type: none"> <li>DIZZINESS</li> <li>HEADACHE</li> <li>TIREDESS</li> <li>BRADYCARDIA</li> </ul>	<ol style="list-style-type: none"> <li>ISCHEMIC HEART DISEASE MAY BE EXACERBATED AFTER ABRUPT WITHDRAWAL</li> <li>CAN NOT BE STOPPED ABRUPTLY</li> <li>CONTRAINDICATED W/ 2<sup>ND</sup> &amp; 3<sup>RD</sup> AVB</li> <li>INCREASED RISK FOR STROKE AFTER SURGERY</li> </ol>
DIMERCATO-SUCCINIC ACID	CHELATORS	LEAD POISONING	500mg PO BID			<ul style="list-style-type: none"> <li>NAUSEA</li> <li>VOMITING</li> <li>DIARRHEA</li> <li>ABD. GAS/PAIN</li> <li>DROWSINESS</li> </ul>	<ol style="list-style-type: none"> <li>LIMITED TO MODERATE NEUTROPENIA</li> <li>SHOULD BE ADEQUATELY HYDRATED</li> <li>CHECK FOR REBOUND OF LEAD BLOOD LEVELS AFTER DISCONTINUATION</li> <li>USE CAUTION IN PATIENTS W/ COMPROMISED RENAL FUNCTION.</li> </ol>
							<ol style="list-style-type: none"> <li></li> <li></li> <li></li> <li></li> </ol>
30 CLINDAMYCIN	ANTIBACTERIAL	INJECTION	198mg IV PB Q8H		12mg/mL OVER 30 MIN	<ul style="list-style-type: none"> <li>ABDOMINAL PAIN</li> <li>RASHES</li> <li>DIARRHEA</li> <li>VOMITING</li> </ul>	<ol style="list-style-type: none"> <li>BSW (COAD) HAS BEEN REPORTED AND COULD LEAD TO FATAL COLLAPSE</li> <li>ENDOCARDITIS PROPHYLAXIS</li> <li>DISCONTINUE IF SEVERE ABDOMINAL CRAMPS</li> <li>MAY INCREASE RISK OF PAIN RESISTANT SUGARA.</li> </ol>

# IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 13 y/o

Patient Weight: 46.4 kg

Student Name: ISAIAH HERRERA

Unit: PEDI

Pt. Initials:

Date: Click here to enter a date.

06/01/21

<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b></p> <p>HYDROCEPHALUS IS A CONDITION IN WHICH AN ACCUMULATION OF CEREBROSPINAL FLUID (CSF) OCCURS WITHIN THE BRAIN. THIS TYPICALLY CAUSES INCREASED PRESSURE INSIDE THE SKULL.</p>	<p><b>2. Factors for the Development of the Disease/ Acute Illness:</b></p> <ul style="list-style-type: none"> <li>• BIRTH DEFECTS AS WELL AS CAUSES LATER IN LIFE SUCH AS:             <ul style="list-style-type: none"> <li>• MENINGITIS</li> <li>• BRAIN TUMORS</li> <li>• TRAUMATIC BRAIN TUMOR</li> <li>• INTRAVENTRICULAR HEMORRHAGE</li> <li>• SUBARACHNOID HEMORRHAGE</li> </ul> </li> <li>• POSSIBLE LEAD POISONING (P)</li> </ul>	<p><b>3. Signs and Symptoms:</b></p> <ul style="list-style-type: none"> <li>• OLDER PEOPLE MAY HAVE:             <ul style="list-style-type: none"> <li>• HEADACHES (P)</li> <li>• DOUBLE VISION (P)</li> <li>• POOR BALANCE (P)</li> <li>• URINARY INCONTINENCE (P)</li> <li>• PERSONALITY CHANGES (P)</li> <li>• MENTAL IMPAIRMENT (P)</li> </ul> </li> <li>• IN BABIES:             <ul style="list-style-type: none"> <li>• RAPID INCREASE IN HEAD SIZE</li> <li>• OTHER SYMPTOMS:                 <ul style="list-style-type: none"> <li>• VOMITING (P)</li> <li>• SLEEPINESS (P)</li> <li>• SEIZURES</li> <li>• DOWNWARD POINTING EYES</li> </ul> </li> </ul> </li> </ul>
<p><b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b></p> <p>MRI (P)</p> <p>CT (P)</p>	<p><b>5. Lab Values That May Be Affected:</b></p> <ul style="list-style-type: none"> <li>• BUN ↑ (P)</li> <li>• AST/ALT ↑ (P)</li> <li>• LYMPHOCYTOSIS - WBC 22.11 (P)</li> <li>• MICROCYTIC ANEMIA - Hgb, Hct, MCV (P)</li> <li>• BLOOD LEAD LEVEL ↓ (P)</li> </ul>	<p><b>6. Current Treatment (include Procedures):</b></p> <ul style="list-style-type: none"> <li>• CHELATION AGENT TO ↓ BLOOD LEAD LEVEL</li> <li>• REMOVAL OF OCCIPITAL BONE TO ↓ CEREBRAL PRESSURE</li> <li>• COLACE FOR STOOL SOFTENING TO ↓ CEREBRAL PRESSURE</li> <li>• METOPROLOL TO ↓ HEART RATE. (MAINTAIN ↓ RATE)</li> </ul>

<p><b>Student Name:</b></p>	<p><b>Unit:</b></p>	<p><b>Pt. Initials:</b></p>	<p><b>Date:</b> Click here to enter a date.</p>
<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <p>1. FAMILY PRESENT</p> <p>2. ASSISTED AMBULATION</p> <p><b>*List All Pain/Discomfort Medication on the Medication Worksheet</b></p> <p>Click here to enter text.</p>	<p><b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b> <math>4/6 \text{ } 4 \text{ kg}</math></p> <p><math>10 \text{ kg} \times 100 \text{ mL} = 1000</math></p> <p><math>10 \text{ kg} \times 50 \text{ mL} = 500</math></p> <p><math>26.4 \times 1 = \frac{26.4}{1526.4} / 12 = 63.6 \text{ HR}</math></p> <p><b>Actual Pt MIVF Rate:</b> NOT MEASURED</p> <p><b>Is There a Significant Discrepancy? Choose an item.</b></p> <p>Why?</p>	<p><b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b></p> <p><math>2 \rightarrow 0.5 \text{ mL/kg/hr}</math></p> <p><math>0.5 \text{ mL} \times 40.4 \text{ kg} \times 1 \text{ HR} = 23.2 \text{ mL/hr}</math></p> <p><b>Actual Pt Urine Output:</b></p> <p>NOT MEASURED</p>	<p><b>10. Growth &amp; Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient:</b></p> <p><b>Erickson Stage:</b> IDENTITY VS. IDENTITY DIFFUSION</p> <p>1. ALTHOUGH ENCOURAGED, THERE IS AN ELEMENT OF SELF DOUBT PRESENT AT TIMES.</p> <p>2. AS TIME PASSES AND MORE POSITIVE OUTCOMES TAKE PLACE, A SENSE OF SELF-CELEBRITY IS BEGINNING TO SHOW.</p> <p><b>Piaget Stage:</b> FORMAL OPERATIONAL STAGE</p> <p>1. THROUGHTY ABSTRACT THOUGHT, LOGIC IS USED TO MAINTAIN A POSITIVE OUTLOOK.</p> <p>2. THE PATIENT IS ABLE TO SYSTEMATICALLY PLAN FOR THE FUTURE AND REASON FOR HYPOTHETICAL SITUATIONS.</p>

<p><b>Student Name:</b></p>	<p><b>Unit:</b>      <b>Pt. Initials:</b></p>	<p><b>Date:</b> <a href="#">Click here to enter a date.</a></p>
<p><b>11. Focused Nursing Diagnosis:</b> UNSTEROY GRAT</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b> 1. I WILL REPOSITION THE PATIENT TO VARIOUS POSITIONS OF COMFORT <b>Evidenced Based Practice:</b> THIS PROMOTE OPTIMAL COMFORT AND REDUCE ANXIETY/RESTLESSNESS</p>	<p><b>16. Patient/Caregiver Teaching:</b> 1. I WILL TEACH PATIENT/CAREGIVER HOW TO RECOGNIZE SIGNS OF ICP 2. I WILL TEACH PT/CG ABOUT NOUNG CARE. SPECIFICALLY ON BACK OF HEAD. 3. I WILL TEACH PATIENT AND FAMILY THE IMPORTANCE OF USING ASSISTIVE DEVICES PROPERLY FORWARDED TO HELP REMAIN COGNITIVE FUNCTIONS.</p>
<p><b>12. Related to (r/t):</b> INCREASED INTRACRANIAL PRESSURE (ICP)</p>	<p><b>2. I will assist patient w/ Ambulation</b> <b>Evidenced Based Practice:</b> THIS WILL PROMOTE COGNITIVE FUNCTIONS SAFELY. <b>3. I will maintain a safe clean environment for pt.</b> <b>Evidenced Based Practice:</b> THIS WILL ALLOW AUTONOMY CONTROL AND HELP PT GET SOME CONTROL BACK.</p>	<p><b>17. Discharge Planning/Community Resources:</b> 1. I WILL REFER TO HOME HEALTH 2. I WILL REFER TO HYDROASSIST. OCS 3. I WILL REFER TO LOCAL SUPPORT GROUPS</p>
<p><b>13. As evidenced by (aeb):</b> DROWSINESS, IRRITABILITY, HEADACHE, AND COGNITION PROBLEMS.</p>		
<p><b>14. Desired patient outcome:</b> THE PATIENT WILL AMBULATE W/ ASSISTANCE, AT LEAST 100 YARDS BY END OF SHIFT.</p>		

Student Name: ISAIAH HERRERA Unit: PE01 Pt. initials: 10  
Date: 06/02/21

**GENERAL APPEARANCE**

Appearance:  Healthy/Well Nourished  
 Neat/Clean  Emaciated  Unkept  
Developmental age:  
 Normal  Delayed

**CARDIOVASCULAR**

Pulse:  Regular  Irregular  
 Strong  Weak  Thready  
 Murmur  Other  
Edema:  Yes  No Location \_\_\_\_\_  
 1+  2+  3+  4+  
Capillary Refill:  < 2 sec  > 2 sec  
Pulses:  
Upper R 4+ L 4+  
Lower R 4+ L 4+  
4+ Bounding 3+ Strong 2+ Weak  
1+ Intermittent 0 None

**PSYCHOSOCIAL**

Social Status:  Calm/Relaxed  Quiet  
 Friendly  Cooperative  Crying  
 Uncooperative  Restless  
 Withdrawn  Hostile/Anxious  
Social/emotional bonding with family:  
 Present  Absent

134/10 F

**NEUROLOGICAL**

LOC:  Alert  Confused  Restless  
 Sedated  Unresponsive  
Oriented to:  
 Person  Place  Time/Event  
 Appropriate for Age  
Pupil Response:  Equal  Unequal  
 Reactive to Light  Size 3mm  
Fontanel: (Pt < 2 years)  Soft  Flat  
 Bulging  Sunken  Closed  
Extremities:  
 Able to move all extremities  
 Symmetrically  Asymmetrically  
Grips: Right 3 Left 3  
Pushes: Right 3 Left 3  
S=Strong W=Weak N=None  
EVD Drain:  Yes  No Level \_\_\_\_\_  
Seizure Precautions:  Yes  No

**IV ACCESS**

Site: ② AC  INT  None 2x Lumen  
 Central Line  
Type/Location: \_\_\_\_\_  
Appearance:  No Redness/Swelling  
 Red  Swollen  
 Patent  Blood return  
Dressing Intact:  Yes  No  
Fluids: DS w/ 20mg K 1,000ml  
50mls/hr

**ELIMINATION**

Urine Appearance: clear/yellow  
Stool Appearance: \_\_\_\_\_  
 Diarrhea  Constipation  
 Bloody  Colostomy

**GASTROINTESTINAL**

Abdomen:  Soft  Firm  Flat  
 Distended  Guarded  
Bowel Sounds:  Present X of quads  
 Active  Hypo  Hyper  Absent  
Nausea:  Yes  No  
Vomiting:  Yes  No  
Passing Flatus:  Yes  No  
Tube:  Yes  No Type \_\_\_\_\_  
Location \_\_\_\_\_ Inserted to \_\_\_\_\_ cm  
 Suction Type: \_\_\_\_\_

**SKIN**

Color:  Pink  Flushed  Jaundiced  
 Cyanotic  Pale  Natural for Pt  
Condition:  Warm  Cool  Dry  
 Diaphoretic

**RESPIRATORY**

Respirations:  Regular  Irregular  
 Retractions (type) \_\_\_\_\_  
 Labored  
Breath Sounds:  
Clear  Right  Left  
Crackles  Right  Left  
Wheezes  Right  Left  
Diminished  Right  Left  
Absent  Right  Left

Turgor:  < 5 seconds  > 5 seconds  
Skin:  Intact  Bruises  Lacerations  
 Tears  Rash  Skin Breakdown  
Location/Description: ② CEVILLE  
Mucous Membranes: Color: PINK  
 Moist  Dry  Ulceration

Room Air    Oxygen  
**Oxygen Delivery:**  
 Nasal Cannula: \_\_\_\_\_ L/min  
 BiPap/CPAP: \_\_\_\_\_  
 Vent: ETT size \_\_\_\_\_ @ \_\_\_\_\_ cm  
 Other: \_\_\_\_\_  
**Trach:**  Yes  No  
 Size \_\_\_\_\_ Type \_\_\_\_\_  
 Obturator at Bedside  Yes  No  
**Cough:**  Yes  No  
 Productive  Nonproductive  
**Secretions:** Color \_\_\_\_\_  
 Consistency \_\_\_\_\_  
**Suction:**  Yes  No Type \_\_\_\_\_  
**Pulse Ox Site:** INDEX (INDEX)  
**Oxygen Saturation:** 98

**PAIN**

Scale Used:  Numeric  FLACC  Faces  
 Location: (C) NECK / shoulder  
 Type: TRACHEOSTOMY  
 Pain Score:  
 0800 8   1200 8   1600 \_\_\_\_\_

**NUTRITIONAL**

Diet/Formula: REGULAR  
 Amount/Schedule: \_\_\_\_\_  
 Chewing/Swallowing difficulties:  
 Yes  No

**WOUND/INCISION**

None  
 Type: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Description: \_\_\_\_\_

**MUSCULOSKELETAL**

Pain  Joint Stiffness  Swelling  
 Contracted  Weakness  Cramping  
 Spasms  Tremors  
**Movement:**  
 RA  LA  RL  LL  All  
**Brace/Appliances:**  None  
 Type: C-COLLAR

(C) ALM / shoulder  
WEAKNESS

Dressing: \_\_\_\_\_

**TUBES/DRAINS**

None  
 Drain/Tube  
 Site: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Dressing: \_\_\_\_\_  
 Suction: \_\_\_\_\_  
 Drainage amount: \_\_\_\_\_  
 Drainage color: \_\_\_\_\_

**MOBILITY**

Ambulatory  Crawl  In Arms  
 Ambulatory with assist  
 Assistive Device:  Crutch  Walker  
 Brace  Wheelchair  Bedridden

**INTAKE/OUTPUT**

<b>PO/Enteral Intake</b>	07 08 09 10 11 12 13 14 15 16 17 18 Total
PO Intake	
Intake – PO Meds	
Enteral Tube Feeding	
Enteral Flush	
Free Water	
<b>IV INTAKE</b>	07 08 09 10 11 12 13 14 15 16 17 18 Total
IV Fluid	
IV Meds/Flush	
<b>OUTPUT</b>	07 08 09 10 11 12 13 14 15 16 17 18 Total

Urine  
 # of immeasurable  
 Stool  
 Urine/Stool mix  
 Emesis  
 Other

Children's Hospital Early Warning Score (CHEWS) (See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: 0 <u>1</u> 2 3
Cardiovascular	Circle the appropriate score for this category: <u>0</u> 1 2 3
Respiratory	Circle the appropriate score for this category: <u>0</u> 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - <u>Concerned</u> or absent
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <u>2</u>
<u>2</u>	Score 0-2 (Green) – Continue routine assessments
	Score 3-4 (Yellow) – Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Covenant School of Nursing  
 Instructional Module 5  
 Pediatric Assessment Tool

Student Name: Kaitlyn Herrera Unit: \_\_\_\_\_ Pt. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: None

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?	IVPB – List concentration and rate of administration		
LEVHQUIN	FLUOROQUINOLONES	INFECTION	750mg/500ml 75mg/5ml IVPB Q24			NAUSEA HEADACHE INSOMNIA DIZZINESS	1. ISON: MUST WATCH MUSCLES, TENDONS, & NERVOUS SYSTEM 2. DISCONTINUE IMMEDIATELY IF TENDONITIS IS EXPERIENCED. 3. SIDE EFFECTS COULD OCCUR NEG TO NEG'S AFTER TREATMENT. 4. CAN BE USED FOR BACTERIAL INFECTION
ZOLOFT	ANTIDEPRESSANT	ANTIDEPRESSANT	100mg PO DAILY			DIARRHEA NAUSEA DRY MOUTH DROWSINESS	1. MAY INCREASE OF SUICIDAL THINKING IN CHILDREN/ YOUNG ADULT 2. PT'S FAMILY SHOULD REPORT ANY CHANGES 3. NOT APPROVED FOR TREATMENT OF BIPOLAR DISORDER 4. USE CAUTION IN PT'S w/ SEIZURE DISORDERS
COLACE	LAXATIVE	STOOL SOFTENER	100mg BID PO			ABDOMINAL CRAMPING EXCESSIVE BOWEL MOVING INTESTINAL OBSTRUCTION DIARRHEA	1. ELECTROLYTE IMBALANCE POSSIBLE 2. CONTRAINDICATIONS: NAUSEA/VOMITING 3. EXCESSIVE USE COULD RESULT IN DEPENDENCE 4. EXIMA FOR RECTAL USE ONLY
							1. 2. 3. 4.
							1. 2. 3. 4.

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 18yo<sup>F</sup> Patient Weight: kg

<p>Student Name: ISAIAH HERRERA</p>	<p>Unit:</p>	<p>Pt. Initials:</p>	<p>Date: Click here to enter a date. 06/02/21</p>
<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b></p> <p>UROSEPSIS IS A TERM USED TO DESCRIBE A TYPE OF SEPSIS THAT IS CAUSED BY AN INFECTION IN THE URINARY TRACT. IT IS A COMPLICATION OFTEN CAUSED BY URINARY TRACT INFECTION THAT ARE NOT TREATED QUICKLY OR PROPERLY</p>	<p><b>2. Factors for the Development of the Disease/ Acute Illness:</b></p> <ul style="list-style-type: none"> <li>• KIDNEY STONES (P)</li> <li>• URINE OCCUMSION (P)</li> <li>• INFECTIONS. (P)</li> </ul>	<p><b>3. Signs and Symptoms:</b></p> <ul style="list-style-type: none"> <li>• PAINS ON LOWER SIDES OF BACK. (P)</li> <li>• NAUSEA (P)</li> <li>• VOMITING (P)</li> <li>• EXTREME TIREDNESS (P)</li> <li>• DECREASE URINE OUT PUT (P)</li> <li>• CONFUSION (P)</li> </ul>	
<p><b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• PHYSICAL EXAMINATION</li> <li>• BLOOD CULTURES</li> <li>• URINALYSIS</li> <li>• PROCALCITONIN MEASUREMENT</li> <li>• ULTRASONOGRAPHY</li> </ul>	<p><b>5. Lab Values That May Be Affected:</b></p> <ul style="list-style-type: none"> <li>• CBC</li> <li>• LACTATE</li> <li>• BLOOD GASES</li> <li>• CMP</li> <li>• PT / PTT</li> <li>• CRP</li> </ul>	<p><b>6. Current Treatment (Include Procedures):</b></p> <ul style="list-style-type: none"> <li>• FLUID REPLENISHMENT</li> <li>• ANTIBIOTICS</li> </ul>	

Student Name: ISAIAH HERRERA Unit: PICU Pt. initials: 3  
Date: 06/02/21

**GENERAL APPEARANCE**

Appearance:  Healthy/Well Nourished  
 Neat/Clean  Emaciated  Unkept  
Developmental age:  
 Normal  Delayed

**CARDIOVASCULAR**

Pulse:  Regular  Irregular  
 Strong  Weak  Thready  
 Murmur  Other  
Edema:  Yes  No Location DIAT LE  
 1+  2+  3+  4+  
Capillary Refill:  < 2 sec  > 2 sec  
Pulses:  
Upper R 3+ L 3+  
Lower R 3+ L 3+  
4+ Bounding 3+ Strong 2+ Weak  
1+ Intermittent 0 None

**PSYCHOSOCIAL**

Social Status:  Calm/Relaxed  Quiet  
 Friendly  Cooperative  Crying  
 Uncooperative  Restless  
 Withdrawn  Hostile/Anxious  
Social/emotional bonding with family:  
 Present  Absent

134/10 F

**NEUROLOGICAL**

LOC:  Alert  Confused  Restless  
 Sedated  Unresponsive  
Oriented to:  
 Person  Place  Time/Event  
 Appropriate for Age  
Pupil Response:  Equal  Unequal  
 Reactive to Light  Size 3MM  
Fontanel: (Pt < 2 years)  Soft  Flat  
 Bulging  Sunken  Closed  
Extremities:  
 Able to move all extremities  
 Symmetrically  Asymmetrically  
Grips: Right W Left W  
Pushes: Right W Left W ARMALCEGIA  
S=Strong W=Weak N=None  
EVD Drain:  Yes  No Level \_\_\_\_\_  
Seizure Precautions:  Yes  No

**IV ACCESS**

Site: UPPER ARM  INT  None  
 Central Line  
Type/Location: PICC @ UPPER ARM  
Appearance:  No Redness/Swelling  
 Red  Swollen  
 Patent  Blood return  
Dressing Intact:  Yes  No  
Fluids: DS W/ ZOMED 1000 ML  
90ML/HR

**ELIMINATION**

Urine Appearance: CLEAR  
Stool Appearance: SOFT  
 Diarrhea  Constipation  
 Bloody  Colostomy

**GASTROINTESTINAL**

Abdomen:  Soft  Firm  Flat  
 Distended  Guarded  
Bowel Sounds:  Present X 4 quads  
 Active  Hypo  Hyper  Absent  
Nausea:  Yes  No  
Vomiting:  Yes  No  
Passing Flatus:  Yes  No  
Tube:  Yes  No Type GRAVITY  
Location LUO Inserted to \_\_\_\_\_ cm  
 Suction Type: \_\_\_\_\_

**SKIN**

Color:  Pink  Flushed  Jaundiced  
 Cyanotic  Pale  Natural for Pt  
Condition:  Warm  Cool  Dry  
 Diaphoretic

**RESPIRATORY**

Respirations:  Regular  Irregular  
 Retractions (type) \_\_\_\_\_  
 Labored  
Breath Sounds:  
Clear  Right  Left  
Crackles  Right  Left  
Wheezes  Right  Left  
Diminished  Right  Left  
Absent  Right  Left

Turgor:  < 5 seconds  > 5 seconds  
Skin:  Intact  Bruises  Lacerations  
 Tears  Rash  Skin Breakdown  
Location/Description: \_\_\_\_\_  
Mucous Membranes: Color: PINK  
 Moist  Dry  Ulceration

Room Air    Oxygen  
**Oxygen Delivery:**  
 Nasal Cannula: \_\_\_ L/min  
 BiPap/CPAP: \_\_\_\_\_  
 Vent: ETT size @ \_\_\_ cm  
 Other: \_\_\_\_\_  
**Trach:**  Yes    No  
 Size \_\_\_\_\_ Type \_\_\_\_\_  
 Obturator at Bedside    Yes    No  
**Cough:**    Yes    No  
 Productive    Nonproductive  
**Secretions:** Color \_\_\_\_\_  
 Consistency \_\_\_\_\_  
**Suction:**    Yes    No   Type \_\_\_\_\_  
**Pulse Ox Site:** (D) TDE \_\_\_\_\_  
**Oxygen Saturation:** 95 \_\_\_\_\_

**PAIN**

Scale Used:  Numeric    FLACC    Faces  
 Location: 0 \_\_\_\_\_  
 Type: 0 \_\_\_\_\_  
 Pain Score: \_\_\_\_\_  
 0800 0   1200 0   1600 0

**NUTRITIONAL**

Diet/Formula: Regular  
 Amount/Schedule: \_\_\_\_\_  
 Chewing/Swallowing difficulties:  
 Yes    No

**WOUND/INCISION**

None  
 Type: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Description: \_\_\_\_\_

**MUSCULOSKELETAL**

Pain    Joint Stiffness    Swelling  
 Contracted    Weakness    Cramping  
 Spasms    Tremors  
**Movement:**  
 RA    LA    RL    LL    All  
**Brace/Appliances:**  None  
 Type: \_\_\_\_\_

Dressing: \_\_\_\_\_

**TUBES/DRAINS**

None  
 Drain/Tube  
 Site: (C) \_\_\_\_\_  
 Type: NEARBY \_\_\_\_\_  
 Dressing: \_\_\_\_\_  
 Suction: \_\_\_\_\_  
 Drainage amount: 275 ml  
 Drainage color: yellow w/ sed

**MOBILITY**

Ambulatory    Crawl    In Arms  
 Ambulatory with assist  
 Assistive Device:    Crutch    Walker  
 Brace    Wheelchair    Bedridden

**INTAKE/OUTPUT**

**PO/Enteral Intake**   07 08 09 10 11 12 13 14 15 16 17 18 Total  
 PO Intake  
 Intake – PO Meds  
 Enteral Tube Feeding  
 Enteral Flush  
 Free Water  
  
**IV INTAKE**   07 08 09 10 11 12 13 14 15 16 17 18 Total  
 IV Fluid  
 IV Meds/Flush  
  
**OUTPUT**   07 08 09 10 11 12 13 14 15 16 17 18 Total

Urine  
 # of immeasurable  
 Stool  
 Urine/Stool mix  
 Emesis  
 Other

Children's Hospital Early Warning Score (CHEWS) (See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: 0 1 2 3
Respiratory	Circle the appropriate score for this category: 0 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) _____
1 ✕	Score 0-2 (Green) - Continue routine assessments
	Score 3-4 (Yellow) - Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) - Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Covenant School of Nursing  
 Instructional Module 5  
 Pediatric Assessment Tool